



Office of Environmental Health and Safety
 Building Code Administration
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 www.fau.edu

BUILDING PERMIT APPLICATION

To be submitted by the Project Contractor or Construction Manager

Applicant:

Name: _____
 Street Address: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____
 Contractor Type/License No.: _____ Expiration Date: _____
 Qualifying Agent's Names: _____

Qualifying Agent's Signature: _____
 Date: _____

Type of Work: New - Remodeling - Addition - Renovation - Repair - Alteration - Demo

Project:
 Name: _____
 FAU Project Number _____
 FAU Project Manager's Name _____

Location: _____
 \$ Value/Description of Work: _____

Occupancy Classification	Construction Type	Floor Area Gross Square Feet	Building Height (Feet)

Architect/Engineer:

Name: _____
 Street Address: _____
 Mailing Address: _____
 Phone No.: _____ Email: _____
 A/E License No: _____ Expiration Date: _____